REPORT - HIPAA 835 to MMIS

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
		Health Care Claim Payment/Advice						Most state Medicaids are reporting pended claims in an unsolicited 277	Policy Issues
	REF02	Receiver Identifier	AN30	R	Prov-File	INTERMED-PROV-NUM	9(10)	Get from 837 NM109-Submitter Identifier	Match Back
1000A	**N 1**	**Payer Identification**		**R**					
1000B	**N 1**	**Payee Identification**		**R**					
2000	**LX**	**Header Number**		**S**					
2100	**CLP**	**Claim Payment Information**		**R**					
2100	CLP01	Patient Control Number	AN38	R	Institutional-Claim	PATIENT-ACCT-NUMBER	X(20)	as received on 837-claim CLM01	Match Back
2100	CLP01	Patient Control Number	AN38	R	Medical-Claim	PATIENT-ACCT-NUMBER	X(20)	as received on 837-claim CLM01	Match Back
2100	CLP06	Claim Filing Indicator Code	ID2	R	Medical-Claim	CLM-INPUT-FORM-IND	X(1)	Get from 837 - SBR09	Match Back
2100	CLP08	Facility Type Code	AN2	S	Medical-Claim	PLACE-OF-SERVICE	X(1)	Store original from 837 CLM05-1	Match Back
2100	CLP09	Claim Frequency Code	ID1	S				Store from 837 CLM05-2; inst only	Match Back
2100	NM103	Patient Last Name	AN35	R				Store as <last><first><mi>, as it came in on 837 Loop 2010BA NM1	Match Back
2100	NM109	Patient Identifier	AN80	S				Send whatever comes on 837	Match Back
2110	**SVC**	**Service Payment Information**		**S**				Support max 999 service lines per claim	HIPAA Required
2110	SVC01	Product or Service ID Qualifier	ID2	R				Store 837 SV101-1, or "NU" for paper UB	Match Back

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2110	SVC01	Procedure Modifier	AN2	S	Medical-Claim	PROC-CODE-MODIFIER	X(2)	professional only: Store all modifiers from 837 SV101	Match Back
2110	SVC07	Original Units of Service Count	R15	S				need to store original units from 837 SV104; required if paid number of units differs from billed number of units	Match Back

Comment Type Legend:

Case Management = "Nice to Have" fields for case reviewers.

Electronic COB = If we do electronic COB, these fields will be needed.

HIPAA Questions = Questions about interpreting the HIPAA Implementation Guides.

HIPAA Required = Required fields in HIPAA that don't seem to be in the legacy system.

Map Codes = Need to crosswalk local codes to standard codes.

Match Back = Fields received on an incoming transaction that must be returned in the response.

Nice to Have = Optional fields that are useful for other reasons.

Policy Issues = Decisions to be made by system experts.

Processing Logic = Logic that needs to be built into either the front end or MMIS.

System Questions = Questions about the legacy systems.

Translation = Only use to program translations.

Column Heading Legend:

"DT" = Data Type

COBOL Data Types Legend:

X(n) - Character data with length of n bytes

9(n) - Integer data with length of n bytes

S9(n) - Signed integer data with length of n bytes

9(n)V99 or 9(n)V9(2) - Numeric data with n decimal digits before the decimal point and 2 decimal digits after the decimal point

S9(n)V99 or S9(n)V9(2) - Signed numeric data with n decimal digits before the decimal point and 2 decimal digits after the decimal point

HIPAA Data Types Legend:

ANn - Free text with length of n bytes

IDn - Coded value with length of n bytes

Nn - Numeric data with length of n bytes

Rn - Real data with length of n bytes

DT8 - Date expressed as CCYYMMDD

TM8 - Time expressed as HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds ((00-99)